

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**107 N. 6th St., 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **Life.** years, months or days)

3. (a) PRINT FULL NAME **Michael J. Keigher** *260*

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. **494-03-5749**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Catherine Keigher** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 17 1878**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62 5 2** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Famous-Barr Co.**

12. Name **John Keigher**

13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Owens**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lucille Keigher**

(b) Address **7418 Bruno Ave.**

17. (a) **Burial** (b) Date thereof **7-22-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Alexander + Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **JUL 20 1940** (b) **J. F. Brebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** *N.R.*  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7418 Bruno Ave.**  
**Richmond Heights**  
(If great street location)  
(e) ~~Specialty Physician~~ *Specialty Physician* years

20. DATE OF DEATH: Month **7** day **19**  
year **1940** hour **12** minute **35** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
**Arteriosclerosis** *Duration*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **gH/B**  
(Include pregnancy within 3 months of death)

Major findings: **gH/B**  
Of operations \_\_\_\_\_ *PHYSICIAN*  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Alfred J. Perry** (M. D. or other)  
Address **Alfred J. Perry** Date signed **7/20/40**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Albert G. White*

Registered Apprentice No. *209*

working under my personal supervision.

Signed.....

*Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Deemar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.